2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N93000000569

Entity Name: GIBBS JUNIOR GLADIATORS YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

WILDWOOD COMMUNITY
1000-28TH STREET SOUTH
SAINT PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10004
ST PETERSBURG, FL 337335144 US

New Mailing Address:

FEI Number: 59-3166375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, CAROLYN
1175 PINELLAS POINT DR SO #149
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PCD	( ) Delete
Name:	CLEMONS, BERTON III	
Address:	2412 DESOTO WAY SO.	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	VP	( ) Delete
Name:	HARRIS, SR, ARVIS	
Address:	3842 MLK ST SO	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	DS	( ) Delete
Name:	HARRIS, CAROLYN	
Address:	1175 PINELLAS POINT DR	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	DT	( ) Delete
Name:	HARRIS, JANET	
Address:	2360 11TH ST	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	LEWIS, DELORES	
Address:	156 23RD AVE SE	
City-St-Zip:	SAINT PETERSBURG, FL 33705	
Title:	DAT	( ) Delete
Name:	BOLDEN, CAROLE	
Address:	1640 58TH AVE S, UNIT 1	
City-St-Zip:	SAINT PETERSBURG, FL 33712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTON CLEMONS PCD 05/18/2009

Electronic Signature of Signing Officer or Director — Date